

# Membership

## MEMBERSHIP APPLICATION LHSAA

RENEWAL \_\_\_\_\_ NEW MEMBER \_\_\_\_\_ FRIEND \_\_\_\_\_ CLASS OF \_\_\_\_\_

NAME \_\_\_\_\_

SPOUSE \_\_\_\_\_ LANGLEY GRAD? YES \_\_\_ NO \_\_\_ YEAR \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP CODE \_\_\_\_\_

PHONE \_\_\_\_\_ CELL \_\_\_\_\_ EMAIL \_\_\_\_\_

\_\_\_\_\_ NEW (\$12 per year for individual or couple) \$ \_\_\_\_\_

\_\_\_\_\_ RENEWAL (\$12 per year for individual or couple) \$ \_\_\_\_\_

\_\_\_\_\_ SCHOLARSHIP DONATION (tax deductible) \$ \_\_\_\_\_

\_\_\_\_\_ GENERAL FUND & OUTREACH DONATION (tax deductible) \$ \_\_\_\_\_

\_\_\_\_\_ ANNUITY SCHOLARSHIP DONATION (tax deductible) \$ \_\_\_\_\_

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*Please mail form and check to: LHSAA, BOX 4508, Pittsburgh, PA 15205*